

UNIVERSITY OF ILLINOIS

SHARED BENEFIT PROGRAM – REQUEST FOR SICK LEAVE CREDIT

An employee who has donated at least one full day of benefit leave to a sick leave pool under the Shared Benefits Program may request sick leave from the pool when experiencing a catastrophic illness or injury or when a disability claim is pending with SURS. **ONLY EMPLOYEES WHO HAVE DONATED TO THE POOL ARE ELIGIBLE TO REQUEST SICK LEAVE FROM THE POOL.**

TO BE COMPLETED BY EMPLOYEE REQUESTING SICK LEAVE					
NAME:				DATE:	
UIN:		CLASSIFICATION/TITLE:			
HAVE APPLIED FOR DISABILITY THROUGH SURS: Yes _____ No _____		ACADEMIC _____ SUPPORT STAFF _____			
		DEPARTMENT:			
HOME ADDRESS:			HOME PHONE:		
A physician's statement describing the severity of the illness or injury, the date it began and probable duration must be attached. Under the Shared Benefits policy, the request cannot be approved without this statement. Yes, a Physician's Statement is attached _____ The information provided in this request has been answered honestly and to the best of my ability.					
NUMBER OF DAYS REQUESTED:		_____ SIGNATURE OF PERSON MAKING REQUEST/DATE IF REQUESTOR IS OTHER THAN THE EMPLOYEE, PLEASE INDICATE RELATIONSHIP			
TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE					
NON-COMPENSABLE SICK LEAVE BALANCE:	COMPENSABLE SICK LEAVE BALANCE:	VACATION BALANCE:	PERCENT TIME:	DONATION FROM SICK LEAVE: _____	NUMBER OF DAYS APPROVED FOR TRANSFER:
				DONATION FROM VACATION: _____	
EMPLOYEE WORK ADDRESS:		DEPARTMENTAL CONTACT:			NUMBER OF DAYS USED:
		ADDRESS:	PHONE:		
APPROVED: _____				DAYS REVERTING TO POOL:	
DENIED: _____		_____ HR SIGNATURE			
REASON(S) IF DENIED				_____ DATE	

Return this form to the appropriate Human Resources Office:

UIUC
Support Staff: Sue McCreery, Records Administration
 Personnel Services Office, 52 E. Gregory
 Champaign, IL 61820, MC-562
 Phone: 217/333-0782
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 Carmelita Washington
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